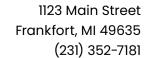


Thank you for choosing Graceland Fruit, Inc. We look forward to working with you!

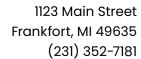
To get started, please II in the customer account set-up form below and the credit application form on page 3. When completed, please submit them to **orders@gracelandfruit.com**. If you have any questions, please do not hesitate to contact us.

Customer Account Set-Up				
New Customer Change Exis	ting Customer			
Credit Limit Requested:	Duns # :			
Broker Name:	Sales Director Name:			
COMPANY INFORMATION				
Full Legal Name of Company				
		_		
Mailing Address				
Street Address:				
Street Address:				
City:	State/Province:			
Country:	Zip:			
Physical Address (if different)				
Street Address:				
Street Address:				
City:	State/Province:			
Country:	Zip:			
Contact information				
Name:	Telephone:			
Email:	Website:			





PURCHASING INFORMATION	
Shipping Address	
Ship to Company Name:	
Street Address:	
Street Address:	
Street Address:	
City:	State/Province:
Country:	Zip:
Receiving Telephone:	
Orders/Purchasing Contact	
Name:	Telephone:
Email:	
Additional Orders/Purchasing Contact	
Name:	Telephone:
Email:	
ACCOUNTS PAYABLE INFORMATION	
Billing Address	
Street Address:	
Street Address:	
Street Address:	
City:	State/Province:
Country:	Zip:
Accounts Payable Contact	
Name:	Telephone:
Email:	Invoice Email:





ADDITIONAL CONTACT INFORMATION
EMAIL Address for sending invoices:
EMAIL Address for sending COA'S:
EMAIL Address for sending BOL's:
Courier Address for sending final documents:
(International Only)
PACKAGING REQUIREMENTS
Will you require any special packaging?
MRL Requirements
What volumes are you requesting annually?
Our Logistic Software requires Delivery Contact Information at time of
shipment. Please list any delivery instructions below:
Contact Name:
Email:
Phone:
Hours of Operation for Receiving:

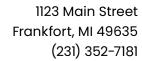


Credit Application

Please provide the following credit references to support your desired credit limit:

- Three (3) Trade References (from the USA, Canada, EU, Australia, or Japan)
- One (1) Bank Reference

REFERENCES	
Trade Reference #1	
Company Name:	Contact:
Street Address:	
City:	State/Province:
Country:	Zip:
Telephone:	Email:
Date of Last Purchase:	
Trade Reference #2	
Company Name:	Contact:
Street Address:	
Street Address:	
City:	State/Province:
Country:	Zip:
Telephone:	Email:
Date of Last Purchase:	
Trade Reference #3	
Company Name:	Contact:
Street Address:	
Street Address:	
City:	State/Province:
Country:	Zip:
Telephone:	Email:
Date of Last Purchase:	





1123 Main Street Frankfort, MI 49635

Bank Reference	
Bank Name:	Bank Officer:
Branch Name:	
Street Address:	
Street Address:	
City:	State/Province:
Country:	Zip:
Telephone:	Email:
Your Account Number:	
Customs Required Documentation (Ple	ease check all that apply)
USDA Certificate (\$100 Fee added to	o invoice)
Certificate of Free Sale (\$65 Fee add	ded to invoice)
Commercial Invoice	
Certificate of Analysis (COA)	
Certificate of Origin (COO)	
Other (Please specify):	
Other (Please specify):	
	redit account with your firm, I hereby authorize and request that Ir credit history with your firm be completed and forwarded to
Signature of Customer's Authorized Rep	presentative:
Printed Name:	
Title:	Date:
Return this form to Graceland Fruit, Inc	•
Email:	
orders@gracelandfruit.com	
Mail:	